

REVIEWS OF BOOKS.

THE SURGICAL DISORDERS OF THE URINARY ORGANS. By REGINALD HARRISON, F.R.C.S. Third edition. J. & A. Churchill, London, 1887.

This new edition of Harrison's well-known work is considerably larger than its predecessor and contains much fresh and valuable matter besides many new plates. We see, amongst other additions, chapters on Toxic Urine and Urinary Fever, Treatment of Stricture by a Combination of External and Internal Urethrotomy, Urinary Tuberculosis, Prostatectomy, Supra-pubic Cystotomy, etc.

The author seems to have met with marked success, *i. e.*, as far as freedom from urinary fever is concerned, in the combined operation of internal and external urethrotomy, for he says "it has been uniformly noticed that after the double operation we have never had a rigor nor the development of the special form of urinary fever which frequently follows internal urethrotomy, and is occasionally fatal without forecast or explanation." The statistics of internal urethrotomy even under the most advantageous conditions give rigors or shiverings as occurring in about 50 per cent. of cases, but although this seems avoided by the combined method one incurs other risks; as, for example, fistula and its possible complications. We are glad to see that it is recommended to carry the dilatation of a stricture up to 15 or 16 (Eng.), and no doubt in most cases this may be done with advantage.

Surgeons in this country often err in resting content with the passage of much smaller instruments, the consequence of which is that not only is a cure impossible, but it is often difficult to maintain a moderately free passage.

Speaking of supra-pubic cystotomy, Mr. Harrison says: "In male children after supra-pubic cystotomy I should advise the accurate adjustment of the bladder wound with catgut sutures, and the separate closure of the parietal wound with the use of a drainage-tube and an iodoform dressing. In young children it is, I believe, better to dispense with the catheter and to depend upon the accurate adjustment of the bladder wound by sutures. In adults I would leave the wound in the

bladder as well as in the parietes open, though the latter may be reduced in size by the insertion of one or two sutures. This is in accordance with the views held by Sir William MacCormac. The author is not altogether in favor of this operation for the removal of stone which cannot be dealt with by crushing. He would limit it to those cases in which the removal of stone by the perineal route could not be safely undertaken; but he says his experience of the high operation is very limited.

Lithotripsy in male children does not find a strong advocate in Mr. Harrison, who would restrict its field to single stones not exceeding three-eighths of an inch in any diameter where one or two grasps with the lithotrite is all that would be required. The debris should be allowed to escape spontaneously. Although this is the view of the author, he recognizes the splendid results of litholapaxy in male children obtained by Surgeon-Major Keegan in India.

The book is brought to a conclusion by a couple of most instructive chapters on bladder tumors and their treatment. Here, again, the perineal route is preferred to the supra-pubic, both for examination purposes and the removal of growths.

This edition is thoroughly abreast of the times, which is saying a good deal looking to the immense strides urinary surgery has made since the appearance of the former edition seven years ago.

That this volume will enjoy even a greater popularity amongst both students and surgeons than its predecessors, there is little doubt, and we can recommend it in all confidence as containing more information on urinary surgery, as a whole, than any other book in the English tongue of which we are cognizant.

STRICTURE OF THE URETHRA, ITS DIAGNOSIS AND TREATMENT
FACILITATED BY THE USE OF NEW AND SIMPLE INSTRUMENTS.
G. E. DISTIN-MADDICK, F.R.C.S., Edin.; London: Baillière, Tindall & Cox. 1887.

The chief object of this little book appears to be to protest against the use of force in the treatment of stricture by dilatation. It enjoins not only the greatest gentleness in instrumentation of this canal, but says that catheterism and bougieism should not be hurriedly resorted to, the preparation of the patient prior to this being of much importance.

After noticing spasmodic stricture at some length and pointing out the harm which often results from instrumentation in this condition.